



## HCBD Today

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*In this issue:*

Switch to Cigna Update  
Prior Authorizations  
**grin!**

### Thanks for Working with Us!

Change is a great time for growth, improvement, and learning. It's also a great time for glitches. As we have made the switch to Cigna, Delta Dental, and CareHere, we've had a few hiccups. We want to thank our members for working with us as we learn the ropes.

Here are some questions we've had lately:

- I looked to see if my provider is in-network with Cigna, and I saw this note in one of the columns:

**Not reviewed for CIGNA Care Designation**

*Does that mean my provider is not in-network?*

**NO!** This message is for other types of plans, not ours. So if you search for your provider and their name comes up in the list, that provider *is* in-network.

- I want to see a counselor. When I search Person By Specialty on [www.cigna.com](http://www.cigna.com), I get a different list if I enter COUNSELOR, SOCIAL WORKER, PSYCHOLOGIST, and PSYCHIATRIST. *Why aren't all counselors on the same list?*

Each of these specialties has different requirements and can offer different services. There is some overlap among them. If you can't find the provider you want, call Cigna 24/7 at (855) 692.0131 for help.

- My spouse and I both went to our health screening. Now we want to fill out the online health assessment at [www.myCigna.com](http://www.myCigna.com). *Do we have to create two separate accounts?*

The employee or retiree signs up first at [www.myCigna.com](http://www.myCigna.com). Once on the site, you'll see directions to have your spouse sign up and take the health assessment, too.

- My claim was denied as "lack of pricing information from the PPO Network"—why?

Claims for Montana services go to Allegiance, a subsidiary of Cigna. Cigna has been working with providers throughout Montana to help them understand where and how to submit claims.

- My claim processed incorrectly. Is this being fixed?  
Cigna is working *quickly* to fix certain types of claims that did not go through correctly the first time. Some examples from the Choice plan are:
  - ⇒ Full charge for an office visit instead of \$15 copay
  - ⇒ Urgent care not charging the right copay
  - ⇒ In-network providers listed as out-of-network

All of us as members need to be retrained as healthcare continues to change. What worked for us in the 90's will not work in today's healthcare world. It is easy to spend as much on healthcare as one spends on a car or house.

We have to start making smart decisions on healthcare—shopping around for the best options—just like we do for cars and houses.

We still have some challenges to face. The final results, though, will be worth the effort. We have expanded wellness services, more dentists statewide, and more opportunities to take part in our own healthcare. Thank you for your patience and your teamwork!



Check out the Delta Dental newsletter **grin!** at [ddins.grinmag.com/](http://ddins.grinmag.com/) for great tips on keeping your whole mouth healthy.

## NEW! Healthy Bingo and Strive For Five Challenges are coming!

Are you looking for fun ways to stay healthy? Want to win great prizes? If so, we have some new challenges for you this year.

**Healthy Bingo** is fun and easy—begins in late March:

- ♦ Mark off squares as you do the activity listed to get a “Bingo”
- ♦ Return your card to be entered into a drawing for prizes!

**Strive for Five** is also fun and easy—begins in early April:

- ♦ Keep track of how many fruits and veggies you eat and
- ♦ Turn in your completed form for a chance at more prizes.

Look for details on both these challenges very soon. To take one or both of the challenges just e-mail: [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov) with your name, e-mail and mailing address.



## Why Do We Have More Prior Authorizations Lately?

Some medical services (like MRIs and CT scans) did not need prior authorization when we were with Blue Cross Blue Shield (BCBS).

Since the State is using Cigna now to process our claims, some of those services *do* require prior authorization. Why??

The State of Montana benefits plan *does support* the prior authorization process we now have. A portion of the tests and procedures our plan used to pay for were unnecessary – either not medically necessary or not appropriate for the health condition.

This trend of unnecessary or inappropriate tests and procedures has added to the increased costs to members.

Our responsibility at Health Care and Benefits Division (**HCBD**) is to keep our healthcare benefits package healthy and financially sound.

We want to make sure we are doing everything possible to protect our members.

Every time an unnecessary test or procedure is performed, the cost of that is passed on to all members.

Common tools being used in healthcare today to help manage costs are:

- Using treatment guidelines and
- Determining medical necessity

These tools are being used by most health plans already and will be more widely used over time.

We all want quality and appropriate medical care. And we also all want to be able to afford that care.



While this extra step may seem like a hassle, making this change will benefit all of us in the long run. We expect **this process** of approving and paying for **medically necessary** tests and procedures will help slow the increasing costs of healthcare.

Some providers were not aware of Cigna's policies on prior authorizations. Cigna has contacted Montana providers to help them learn the quickest and easiest way to get prior authorizations.

*Note: Most prior authorizations are completed within 3 days of arriving at Cigna. If a provider marks a request URGENT, the prior authorization can be completed in less than 4 hours. Providers can make most requests online.*

If you are having a test or procedure, **ask at your healthcare provider's office if prior authorization is required.** If they do not know, call Cigna at (855) 692-0131.

Thank you for working with us to make our health plan better and sustainable for future members.

*If you have questions, contact HCBD at (800) 287-8266, TTY (406) 444-1421, [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov).*

## Friendly Reminder: ***Two Steps*** for Your Health Screening Discount

To get your health screening discount and, if you don't use tobacco, your tobacco-free discount in 2014, you must complete TWO steps in 2013:

**Step 1:** In 2013 complete a health screening with CareHere, the company that runs the Montana Health Centers. To schedule go to <http://carehere.com>.

*Then...*

**Step 2:** Fill out the Cigna online Health Assessment (HA) *using the numbers from your health screening* by going to [www.myCigna.com](http://www.myCigna.com). When you fill out your assessment, you and your dependent age 18 or older covered on your plan will have to register as new users. To earn the tobacco-free discount, you will let us know in your HA if you do or do not use tobacco. One dependent age 18 or older on your plan can do the same.



**You must complete BOTH steps to qualify for any discount!**

See the details at <http://benefits.mt.gov/wellness.mcp>

Have you tried any of the wellness services through Cigna or CareHere? They have weight management, stress management, tobacco cessation, and much more. Check out the options available to you at: [www.myCigna.com](http://www.myCigna.com) or by logging in at [www.carehere.com](http://www.carehere.com) and going to CareHere Connect.



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